

BENEFICIARY DESIGNATION



☐ Initial Beneficiary Designation(s) OR ☐ Change of all prior beneficiary designation(s) (*check only one box*), I hereby revoke any previous beneficiary designation(s), if any, for my group term life insurance and/or accidental death and dismemberment (AD&D) insurance issued to this group or employer and direct that the insurance proceeds payable under the policy be paid as indicated below.

Employee Name	Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Employee Address (Street, City, State & Zip Code)	Telephone Number ()
Policyholder/Employer State of Iowa	Policy/Employer Numbers Life - 675831 AD&D - S07951

NAMING YOUR GROUP LIFE BENEFICIARY

It is important that your beneficiary designation be clear so that there will be no question as to your intent. It is also important that you name a primary and contingent beneficiary. When naming your beneficiary(ies) please indicate their full name, address, social security number, and relationship. If the beneficiary is not related either by blood or marriage, insert the words, "Not Related." If more than one primary or contingent beneficiary is named without a percentage indicated, the proceeds will be divided equally. On the reverse side of this form you will find examples of common beneficiary designations. If you need assistance, contact your Company representative or your own legal counsel.

Benefits payable for a Dependent's death are payable to You if living, otherwise, We may, at Our option, pay the benefit to Your surviving spouse or to the executors or administrators of Your estate.

PRIMARY BENEFICIARY(IES)

Name: _____	Date of Birth _____
Address: _____ (Street, City, State & Zip Code)	
Social Security Number: _____	Relationship: _____ Benefit Percent: _____
Name: _____	Date of Birth _____
Address: _____ (Street, City, State & Zip Code)	
Social Security Number: _____	Relationship: _____ Benefit Percent: _____

CONTINGENT BENEFICIARY(IES)

Name _____	Date of Birth _____
Address: _____ (Street, City, State & Zip Code)	
Social Security Number: _____	Relationship: _____ Benefit Percent: _____
Name: _____	Date of Birth _____
Address: _____ (Street, City, State & Zip Code)	
Social Security Number: _____	Relationship: _____ Benefit Percent: _____

Spousal Consent For Community Property States Only: If you live in a community property state - Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin - you may complete the Spousal Consent section, which allows your spouse to waive his or her rights to any community property interest in the benefit. Disclaimer: spousal consent does not apply to ERISA plans.

This will certify that, as spouse of the Employee named above, I hereby consent to my spouse designating the person(s) listed above as beneficiary(ies) of group life insurance under the above policy and waive any rights I may have to the proceeds of such insurance under applicable community property laws. I understand that this consent and waiver supersede any prior spousal consent or waiver under this plan.

Signature of Employee's Spouse _____ **Date** _____

I, the undersigned, reserve the right to change the beneficiary(ies) without the consent of said beneficiary(ies).

Signature of Employee _____ **Date** _____

NAMING YOUR BENEFICIARY

It is important that your beneficiary designation be clear so that there will be no question as to your meaning.

It is also important that you name a primary and contingent beneficiary. When naming your beneficiary (ies) please indicate their full name, address, social security number, relationship and, if a minor, the age of that minor. If the beneficiary is not related either by blood or marriage insert the words, "Not Related." If you need assistance, contact your company representative or your own legal counsel.

Be sure that your intentions are clear and that you have included your name, your Social Security Number, the group name, (State of Iowa), the policy numbers, and that you have signed and dated all forms and Beneficiary Designations.

If you name more than one beneficiary with equal shares, please show the amount of insurance to be paid to each beneficiary in fractional parts, for example, "1/3 to Mary Jones, Mother and 2/3 to Edith Jones, Wife."